



TRANSMITTAL FORM

Attorney Docket No.

1776P

In re the application **Michael Carl HEUMANN, et al.**
Serial No: **09/685,165**

Confirmation No.: **3401**Group Art Unit: **2172****RECEIVED**

OCT 22 2003

Technology Center 2100

Filed: **October 5, 2000**Examiner: **Kindred, Alford W.**For: **Knowledge Filter**

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/>	Amendment/Reply	<input type="checkbox"/>	Assignment and Recordation Cover Sheet	<input type="checkbox"/>	After Allowance Communication to Group		
<input type="checkbox"/>	<input type="checkbox"/> After Final	<input type="checkbox"/>	Part B-Issue Fee Transmittal	<input type="checkbox"/>	Appeal Communication to Board of Appeals and Interferences		
<input type="checkbox"/>	Information disclosure statement	<input type="checkbox"/>	Letter to Draftsman	<input type="checkbox"/>	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/>	<input type="checkbox"/> Form 1449	<input type="checkbox"/>	Drawings	<input type="checkbox"/>	Status Letter		
<input type="checkbox"/>	<input type="checkbox"/> (X) Copies of References	<input type="checkbox"/>	Petition	<input checked="" type="checkbox"/>	Postcard		
<input checked="" type="checkbox"/>	Extension of Time Request *	<input type="checkbox"/>	Fee Address Indication Form	<input type="checkbox"/>	Other Enclosure(s) (please identify below):		
<input type="checkbox"/>	Express Abandonment	<input type="checkbox"/>	Terminal Disclaimer				
<input type="checkbox"/>	Certified Copy of Priority Doc	<input type="checkbox"/>	Power of Attorney and Revocation of Prior Powers				
<input type="checkbox"/>	Response to Incomplete Appln	<input type="checkbox"/>	Change of Correspondence Address				
<input type="checkbox"/>	Response to Missing Parts	*Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for one month(s), from September 16, 2003 to October 16, 2003.					
<input type="checkbox"/>	<input type="checkbox"/> Executed Declaration by Inventor(s)						

CLAIMS

FOR	Claims Remaining After Amendment	Highest # of Claims Previously Paid For	Extra Claims	RATE	FEE
Total Claims	28	28	0	\$ 9.00	\$ 0.00
Independent Claims	2	3	0	\$43.00	\$ 0.00
				Total Fees	\$ 0.00

METHOD OF PAYMENT

<input checked="" type="checkbox"/>	Check no. <u>6477</u> in the amount of \$ <u>55.00</u> is enclosed for payment of fees.
<input type="checkbox"/>	Charge \$ _____ to Deposit Account No. _____ (Account Holder Name) for payment of fees.
<input checked="" type="checkbox"/>	Charge any additional fees or credit any overpayment to Deposit Account No. 02-2120 (Sawyer Law Group)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Attorney Name	Joseph A. Sawyer, Jr., Reg. No. 30,801
Signature	
Date	October 6, 2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: October 6, 2003

Type or printed name	Yolanda Kepner
Signature	